

RECEIVABLES CREDIT/DEBIT MEMO FORM

Note: Complete this form electronically and use the drop down menus when provided.

Today's Date: September 20, 2012

Station:

Sales Region:

Agency:

Advertiser:

Invoice #

Invoice Date

Adjustment to Gross Billing \$

Adjustment to Net Billing \$

AE Name:

SM Name:

Reason for DEBIT/CREDIT:

(Field Required - must use drop down list)

EXPLANATION (Please explain in detail):

1X @\$225 LUR \$200

Revised Invoice required?

NO

REQUIRED APPROVALS:

Local AE	Local Sales Region	(Web & Mobile when applicable)
LSM	Local Sales Region	(Web & Mobile when applicable)
NSM	National Sales Region	(Web & Mobile when applicable)
DSM	Digital Sales Region	Web & Mobile optional/station's discretion
GSM	All debits/credits	except Retrans & Non Sales region
Regl Controller	All debits/credits	

Form with all required approvals emailed to Regional C&C Manager

Input to Wide Orbit on:

by